

SERFF Tracking Number:	NALH-125769848	State:	Arkansas
Filing Company:	Midland National Life Insurance Company	State Tracking Number:	39908
Company Tracking Number:	TR141		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	TR141		
Project Name/Number:	TR141/TR141		

## Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: TR141

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NALH-125769848 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39908

Co Tr Num: TR141

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Carrie Block, Laurie

Disposition Date: 08/14/2008

Gruba, Paula Kunkel-White, Gayle

Lovorn

Date Submitted: 08/11/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: TR141

Project Number: TR141

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/14/2008

State Status Changed: 08/14/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: NAIC# 431-66044 / FEIN# 46-0164570

Form Description

TR141 Premium Guarantee Rider

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 08/04/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Dear Reviewer:

<i>SERFF Tracking Number:</i>	<i>NALH-125769848</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midland National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39908</i>
<i>Company Tracking Number:</i>	<i>TR141</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>TR141</i>		
<i>Project Name/Number:</i>	<i>TR141/TR141</i>		

We are filing the above form for your review and approval. This is a new form and is not intended to replace any previously approved form. This form is laser printed and we reserve the right to change fonts and layouts. We certify that the font size will never be less than 10-point type. Licensed agents of the Company will market this product on an individual basis.

No part of the filing contains unusual or possibly controversial items from normal Company or industry standards.

The Premium Guarantee Rider is for general use with previously approved individual universal life insurance policies. The rider provides for policy coverage to stay in force if cash value is insufficient to pay the monthly charges due on a Monthly Anniversary after the No Lapse Guaranteed Period if the total of Premium Guarantee Account I (PGA I) and Premium Guarantee Account II (PGA II) are greater than the Policy Debt. This Rider does not prevent the Policy from entering the Grace Period or lapsing during the No Lapse Guarantee Period. Please see the attached Actuarial Memo for details.

Included in this filing is a sample rider schedule page that will accompany the Rider at issuance and shows the guaranteed monthly account premium rates for calculating the premium guarantee accounts. A statement of variability that provides the ranges for each field is attached.

Your review for approval, at your earliest convenience, would be appreciated.

## Company and Contact

### Filing Contact Information

Gayle Lovorn, Senior Contracts Analyst	glovorn@nacolah.com
525 W. Van Buren	(800) 800-3656 [Phone]
Chicago, IL 60607	(312) 648-7797[FAX]

### Filing Company Information

Midland National Life Insurance Company	CoCode: 66044	State of Domicile: Iowa
525 W. Van Buren Street	Group Code: 431	Company Type: Life and Annuity
Chicago, IL 60607	Group Name:	State ID Number:
(800) 800-3656 ext. [Phone]	FEIN Number: 46-0164570	
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<i>SERFF Tracking Number:</i>	<i>NALH-125769848</i>	<i>State:</i>	<i>Arkansas</i>
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	\$20.00 per rider
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$20.00	08/11/2008	21883050

<i>SERFF Tracking Number:</i>	<i>NALH-125769848</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>TR141/TR141</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	08/14/2008	08/14/2008

<i>SERFF Tracking Number:</i>	<i>NALH-125769848</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>TR141/TR141</i>		

## **Disposition**

Disposition Date: 08/14/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NALH-125769848	State:	Arkansas
Filing Company:	Midland National Life Insurance Company	State Tracking Number:	39908
Company Tracking Number:	TR141		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	TR141		
Project Name/Number:	TR141/TR141		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Actuarial Memorandum		No
Form	Premium Guarantee Rider		Yes

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## Form Schedule

Lead Form Number: TR141

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TR141	Policy/Cont Premium Guarantee ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	TR141 Rider with Rider Schedule.pdf



*A Member of the Sammons Financial Group*

*A Stock Company*

Principal Office: 4601 Westown Parkway, Suite 300, West Des Moines, IA 50266 ♦ (515) 440-5500

Executive Office: One Midland Plaza, Sioux Falls, SD 57193 ♦ (800) 923-3223

## **PREMIUM GUARANTEE RIDER**

This Rider is a part of the Policy to which it is attached. It is subject to all the provisions of the Policy unless We state otherwise.

**Effective Date** – The Rider is effective on the Policy Date shown in the Schedule of Policy Benefits. This Rider cannot be elected after the Policy Date.

**Consideration** – This Rider is issued in consideration of the application for it and the deduction of the Rider Charge from the Account Value while this Rider is in effect.

**Benefit** – If, on any Monthly Anniversary after the No Lapse Guarantee Period, the total of all Premium Guarantee Accounts (hereinafter referred to as PGA I or PGA II) is greater than or equal to the Policy Debt, then the Policy will not enter the Grace Period or lapse due to its Net Cash Surrender Value, even if the Net Cash Surrender Value is insufficient to pay the Monthly Deduction. This Rider does not prevent the Policy from entering the Grace Period during the No Lapse Guarantee Period.

**Rider Grace Period** - Before this Rider will terminate, Written Notice will be sent to Your last known address after the No Lapse Guarantee Period ends and the total of the Premium Guarantee Accounts has been less than the Policy Debt for 12 consecutive months.

When the total of the Premium Guarantee Accounts has been less than the Policy Debt for 24 consecutive months, Written Notice will be sent to Your last known address that this Rider has terminated. The notice will include the amount of the additional premium needed to keep this Rider in effect. If the additional premium is paid within 60 days of the date of the Written Notice, this Rider will not terminate.

**Premium Guarantee Accounts** - The Premium Guarantee Accounts are reference values used to determine whether this Rider is in effect to provide the Benefit shown above. Each Premium Guarantee Account is equal to the accumulation at interest of:

1. That Premium Guarantee Account from the end of the previous Policy Month; plus
2. Any Premiums received in that account during the current Policy Month, less the Account Premium Load; minus
3. The Required Premium deducted from that account at the beginning of the current Policy Month; minus
4. The Account Expenses deducted from that account at the beginning of the current Policy Month; minus
5. The Required Rider Amount deducted from that account at the beginning of the current Policy Month; minus
6. Any Withdrawals of Cash Surrender Value made during the current Policy Month that were deducted from that account.

PGA I on the Policy Date is equal to any premium received on or before the Policy Date less the Account Premium Load minus the Required Premium Amount, minus the Required Rider Amount, minus the Account Expense due on the Policy Date. PGA II is equal to zero on the Policy Date.

The Premium Guarantee Accounts are used only for the purpose of determining whether this Rider is in effect. They do not represent an independent dollar value that can be accessed by You. Further, they do not affect the calculation of the actual Account Value, Net Cash Surrender Value or any other value described in the Policy.



**Account Premium Load** – The Account Premium Load will be deducted from each premium paid in the calculation of the Premium Guarantee Accounts. The Account Premium Load, and the number of Policy Years it is deducted, are shown in the Schedule of Premium Guarantee Rider Amounts. The Account Premium Load depends on the cumulative premium that is paid each Policy Year, as shown in the Schedule of Premium Guarantee Rider Amounts.

**Account Interest Rate** - The effective annual Account Interest Rate for the Premium Guarantee Accounts is guaranteed in all years and is shown in the Schedule of Premium Guarantee Rider Amounts. Interest Rate Table I will be used for PGA I and Interest Rate Table II will be used for PGA II. The monthly Account Interest Rate is the monthly rate that will produce an effective annual yield equal to the Account Interest Rate.

**Required Premium** – The Required Premium is determined on each Monthly Anniversary. It is equal to: (a) multiplied by the difference between (b) and (c), divided by 1,000, where:

- (a) The Account Premium Rate;
- (b) The Account Death Benefit divided by the sum of one plus the monthly Account Interest Rate for PGA II;  
and
- (c) The total of all Premium Guarantee Accounts.

**Account Death Benefit** – Under the Level Death Benefit Option, the Account Death Benefit is the greater of:

1. The Specified Amount in effect for the Policy Month; or
2. The total of the Premium Guarantee Accounts multiplied by the Corridor Percentage.

Under the Increasing Death Benefit Option, the Account Death Benefit is the greater of:

1. The Specified Amount in effect for the Policy Month, plus the total of the Premium Guarantee Accounts; or
2. The total of the Premium Guarantee Accounts multiplied by the Corridor Percentage.

The Account Death Benefit is used only for the purpose of determining the Premium Guarantee Accounts. It does not represent an independent dollar value that will be payable upon death.

**Account Premium Rates** – The Account Premium Rates are based on the Issue Age, Policy Year, Sex, Specified Amount, and Premium Class of the Insured. The monthly Account Premium Rates are guaranteed in all years and are shown on the Schedule of Premium Guarantee Rider Amounts Table A and Table B. Table B will be applied if PGA II is not equal to zero, otherwise Table A will apply.

**Account Expense** – The monthly Account Expense is equal to the sum of the Policy Expense and the Unit Expense.

- **Policy Expense** – The Policy Expense, and the number of Policy Years it is deducted, are shown on the Schedule of Premium Guarantee Rider Amounts.
- **Unit Expense** – The Unit Expense is equal to the Unit Expense Factor shown on the Schedule of Premium Guarantee Rider Amounts times the highest Specified Amount ever in effect divided by 1,000. The Unit Expense is deducted for the number of Policy Years shown on the Schedule of Premium Guarantee Rider Amounts.

**Required Rider Amount** - The Required Rider Amount is based on the additional benefits provided by any riders attached to the Policy. The Required Rider Amount for this Rider is zero. The Required Rider Amount for any Term Rider is shown in the Schedule of Premium Guarantee Rider Amounts. The Required Rider Amount for all other riders will be the same as the Rider Charge that is deducted from the Account Value.

**Allocation Among Premium Guarantee Accounts** – Premiums, Withdrawals, Required Premiums, Account Expenses and Required Rider Amounts will be allocated among the Premium Guarantee Accounts by the following rules:

1. Premiums:
  - (a) If the initial premium, allocate to PGA I.
  - (b) If any other premium paid while the total of all Premium Guarantee Accounts exceeds zero, allocate to PGA I.
  - (c) Otherwise, allocate to PGA II.

2. Withdrawals:
  - (a) Allocate to PGA I until it is reduced to zero.
  - (b) Allocate remaining balance to PGA II.
3. Required Premiums, Account Expenses and Required Rider Amounts:
  - (a) Allocate to PGA II until it is reduced to zero.
  - (b) Allocate balance to PGA I until it is reduced to zero.
  - (c) Allocate remaining balance to PGA II (in addition to any allocation to PGA II made in (a) above).

**Rider Charge** – The Rider Charge is equal to one twelfth of the Annual Premium shown on the Schedule of Policy Benefits page entitled Additional Benefits Provided by Endorsement or Rider. The Rider Charge will be deducted from the Account Value on each Monthly Anniversary.

**Waiver of Charges** – If the Policy contains a Waiver of Charges Disability Benefit Rider and a Total Disability claim is approved while this Rider is effective, then for any month for which Monthly Deductions are thereby waived, Required Premium Amounts, the Account Expense and Required Rider Amounts will not be deducted from the Premium Guarantee Accounts.

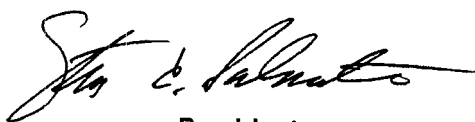
**Contestability** – No material misrepresentation made in any application for this Rider will be used to contest payment of any benefit under this Rider after the Rider has been in effect during an Insured's lifetime for two years from the Effective Date.

**Reinstatement** – If this Rider terminates and the Policy remains in effect, this Rider cannot be reinstated. If the Policy lapses and is reinstated, this Rider can be reinstated with the Policy, subject to the terms of the Policy, when all Required Premium Amounts, Account Expenses and Required Rider Amounts are received at Our Executive Office with interest.

**Limitation** - We reserve the right to limit increases to the Specified Amount of the Policy to which this Rider is attached after 15 Policy Years.

**Termination** – This Rider will terminate on the earliest of:

1. The Expiry Date shown on the Schedule of Policy Benefits; or
2. The Monthly Anniversary on which the total of the Premium Guarantee Accounts has been less than the Policy Debt for 24 consecutive months, the Rider reaches the end of the Rider Grace Period without payment of the additional premium, and the Policy is no longer within the No Lapse Guarantee Period shown on the Schedule of Policy Benefits; or
3. The Monthly Anniversary following Your Written Request to terminate this Rider; or
4. Policy termination or Maturity.



President



Secretary

## SCHEDULE OF PREMIUM GUARANTEE RIDER AMOUNTS

The amounts shown in this schedule are used only in the calculation of the Premium Guarantee Accounts and do **NOT** affect the calculation of the Account Value, Net Cash Surrender Value or any other value described in the Policy. The Premium Guarantee Accounts are used only for the purpose of determining whether this Rider is in effect.

### ACCOUNT EXPENSE:

Policy Expense: [\$5.00] per month for [65] Policy Years  
Unit Expense Factor: [\$0.1275] per month for [65] Policy Years

### ACCOUNT PREMIUM LOAD:

Policy Year [1]

Cumulative Premiums up to [\$906] = [35%]  
Cumulative Premiums from [\$906] to [\$4,879] = [0%]  
Cumulative Premiums above [\$4,879] = [35%]

Policy Years [2-10]

Cumulative Premiums up to [\$906] = [22%]  
Cumulative Premiums from [\$906] to [\$4,879] = [5%]  
Cumulative Premiums above [\$4,879] = [22%]

Policy Years [11+]

Cumulative Premiums up to [\$906] = [21%]  
Cumulative Premiums from [\$906] to [\$4,879] = [0%]  
Cumulative Premiums above [\$4,879] = [0%]

\* The Cumulative Premium for the Account Premium Load is set to 0 at the beginning of each Policy Year.

### ACCOUNT INTEREST RATE:

#### Table I

[4.60%] per year for Policy Years [1-10]  
[4.10%] per year for Policy Years [11+]

#### Table II

[4.60%] per year for Policy Years [1-10]  
[4.10%] per year for Policy Years [11+]

**SCHEDULE OF PREMIUM GUARANTEE RIDER AMOUNTS (CONTINUED)**

**GUARANTEED MONTHLY ACCOUNT PREMIUM RATES  
FOR CALCULATING PREMIUM GUARANTEE ACCOUNT**

<b>Policy Year</b>	<b>Table A</b>	<b>Table B</b>	<b>Policy Year</b>	<b>Table A</b>	<b>Table B</b>	<b>Policy Year</b>	<b>Table A</b>	<b>Table B</b>
[1	[0.0600	[0.0600	[36	[0.5100	[2.0200	[71	[ 0.0000	[ 0.0000
2	0.0725	0.0725	37	0.5575	2.2150	72	0.0000	0.0000
3	0.0825	0.0825	38	0.6225	2.4750	73	0.0000	0.0000
4	0.0950	0.0950	39	0.6875	2.7450	74	0.0000	0.0000
5	0.1050	0.1050	40	0.7600	3.0325	75	0.0000	0.0000
6	0.1150	0.1150	41	0.8350	3.3450	76	0.0000	0.0000
7	0.1275	0.1275	42	0.8350	3.6675	77	0.0000	0.0000
8	0.1375	0.1375	43	0.8350	4.0425	78	0.0000	0.0000
9	0.1500	0.1500	44	0.8350	4.4775	79	0.0000	0.0000
10	0.1625	0.1625	45	0.8350	4.9800	80	0.0000	0.0000
11	0.1625	0.1825	46	0.8350	5.5250	81	0.0000	0.0000
12	0.1625	0.2050	47	0.8350	6.1425	82	0.0000	0.0000
13	0.1625	0.2300	48	0.8350	6.7775	83	0.0000	0.0000
14	0.1625	0.2550	49	0.8350	7.4575	84	0.0000	0.0000
15	0.1625	0.2800	50	0.8350	8.2100	85	0.0000	0.0000
16	0.1625	0.3000	51	0.8350	9.0425	86	0.0000	0.0000
17	0.1625	0.3250	52	0.8350	9.9625	87	0.0000	0.0000
18	0.1625	0.3525	53	0.8350	10.9600	88	0.0000	0.0000
19	0.1625	0.3875	54	0.8350	12.0200	89	0.0000	0.0000
20	0.1625	0.4225	55	0.8350	13.1300	90	0.0000	0.0000
21	0.1625	0.4650	56	0.8350	14.2800	91	0.0000	0.0000
22	0.1625	0.5125	57	0.8350	15.3425	92	0.0000	0.0000
23	0.1625	0.5625	58	0.8350	16.4400	93	0.0000	0.0000
24	0.1650	0.6125	59	0.8350	17.5900	94	0.0000	0.0000
25	0.1800	0.6700	60	0.8350	18.7975	95	0.0000	0.0000
26	0.2000	0.7575	61	0.8350	20.0575	96	0.0000	0.0000
27	0.2200	0.8400	62	0.8350	21.3025	97	0.0000	0.0000
28	0.2450	0.9425	63	0.8350	22.6300	98	0.0000	0.0000
29	0.2750	1.0575	64	0.8350	24.0475	99	0.0000	0.0000
30	0.3025	1.1775	65	0.8350	25.5600	100 +]	0.00	0.00
31	0.3350	1.3025	66	0.0000	0.0000			
32	0.3650	1.4300	67	0.0000	0.0000			
33	0.3975	1.5600	68	0.0000	0.0000			
34	0.4325	1.7000	69	0.0000	0.0000			
35]	0.4675]	1.8450]	70]	0.0000]	0.0000]			

**SCHEDULE OF PREMIUM GUARANTEE RIDER AMOUNTS (CONTINUED)**

**TERM RIDER REQUIRED RIDER AMOUNTS  
FOR CALCULATING PREMIUM GUARANTEE ACCOUNT**

**RIDER INSURED:** [JOHN DOE]

<b><u>Policy Year</u></b>	<b><u>Required Rider Amount</u></b>	<b><u>Policy Year</u></b>	<b><u>Required Rider Amount</u></b>	<b><u>Policy Year</u></b>	<b><u>Required Rider Amount</u></b>
[1	[ 0.0750	[36	[ 1.3750	71	[ 0
2	0.0750	37	1.5425	72	0
3	0.0750	38	1.6850	73	0
4	0.0750	39	1.8775	74	0
5	0.0750	40	2.0925	75	0
6	0.0750	41	2.3225	76	0
7	0.0800	42	2.5675	77	0
8	0.0850	43	2.8250	78	0
9	0.0925	44	3.0925	79	0
10	0.1000	45	3.3775	80	0
11	0.1075	46	3.6875	81	0
12	0.1175	47	4.0350	82	0
13	0.1275	48	4.4250	83	0
14	0.1400	49	4.8675	84	0
15	0.1525	50	5.3500	85	0
16	0.1725	51	5.8625	86	0
17	0.1975	52	6.3950	87	0
18	0.2250	53	6.9425	88	0
19	0.2575	54	7.4950	89	0
20	0.2975	55	8.0600	90	0
21	0.3250	56	8.6425	91	0
22	0.3575	57	9.2550	92	0
23	0.3900	58	9.9175	93	0
24	0.4275	59	10.6575	94	0
25	0.4675	60	11.6000	95	0
26	0.5150	61	12.9425	96	0
27	0.5650	62	15.0800	97	0
28	0.6225	63	18.8275	98	0
29	0.6900	64	25.7900	99	0
30	0.7650	65	39.1850	100 +	0 ]
31	0.8475	66	0.0000		
32	0.9350	67	0.0000		
33	1.0325	68	0.0000		
34	1.1350	69	0.0000		
35]	1.2475 ]	70]	0.0000]		

<i>SERFF Tracking Number:</i>	<i>NALH-125769848</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: NALH-125769848 State: Arkansas  
Filing Company: Midland National Life Insurance Company State Tracking Number: 39908  
Company Tracking Number: TR141  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: TR141  
Project Name/Number: TR141/TR141

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 08/11/2008

#### Comments:

#### Attachments:

AR Bulletin 11-83 Cert.pdf  
AR L & H 1 cert.pdf  
READABILITY CERT.pdf

### Review Status:

**Satisfied -Name:** Application 08/11/2008

#### Comments:

Application form 9301 was approved by your department on 4/12/2006.

#### Attachment:

Application 9301.pdf

### Review Status:

**Satisfied -Name:** Statement of Variability 08/11/2008

#### Comments:

#### Attachment:

Statement of Variability.pdf

**Bulletin 11-83 Certification**  
**Guidelines for non-guaranteed costs on participating and non-participating life insurance**

RE:

I have reviewed the guidelines of Bulletin 11-83 and the referenced form complies with these guidelines.

A handwritten signature in black ink, appearing to read "Tim Reuer", is written over a horizontal line.

Timothy Reuer, FSA, MAAA  
Vice President, Product Development

Date:



# State of Arkansas

## Certificate of Compliance

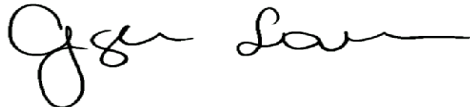
Rider Form TR141

On behalf of Midland Life Insurance Company I certify the company is in compliance with:

Rule and Regulation 19.

Rule and Regulation 49 – each policyholder will be provided a life and health guaranty notice at time of issue.

A.C.A. § 23-79-138 for Policy Information Requirements – each policy will contain the contact information of the policyholder's service office, soliciting agent and the state insurance department.



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Gayle Lovorn, Contract Analyst

Date: August 4, 2008

## READABILITY CERTIFICATE

Name and Address of Insurer: MIDLAND NATIONAL LIFE INSURANCE COMPANY  
Executive Office: One Midland Plaza  
Sioux Falls, SD 57193

I certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) meet your minimum readability requirements for the form(s) listed below:

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
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Timothy Reuer, FSA, MAAA  
Vice President - Product Development

\_\_\_\_\_  
Date



\*9301\*

**GENERAL PURPOSE LIFE APPLICATION (Please Print and Use Black Ink)**

1. PRIMARY PROPOSED INSURED <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED			BIRTH DATE			STATE OF BIRTH	AGE	SEX	HEIGHT (FT. IN.)	WEIGHT (LBS.)	
			MO.	DAY	YEAR						
LAST NAME FIRST M.I.											
1a. Are you a U.S. Citizen, or do you have a permanent Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No ( If no, complete Foreign Travel and Residence Questionnaire)											
Social Security Number:				Driver's License Number:				State			
Occupation:		Employer (Company Name and Address)				Annual Income		Net Worth			
2. ADDITIONAL INSURED/SPOUSE PROPOSED for INSURANCE (or premium payer for juvenile policy)			BIRTH DATE			STATE OF BIRTH	AGE	SEX	HEIGHT (FT. IN.)	WEIGHT (LBS.)	
			MO.	DAY	YEAR						
LAST NAME FIRST M.I.											
2a. Are you a U.S. Citizen, or do you have a permanent Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No ( If no, complete Foreign Travel and Residence Questionnaire)											
Social Security Number:				Driver's License Number:				State			
Occupation:		Employer (Company Name and Address)				Annual Income					
DEPENDENT CHILDREN PROPOSED for INSURANCE			BIRTH DATE			STATE OF BIRTH	AGE	SEX	SOCIAL SECURITY NUMBER	HEIGHT (FT. IN.)	WEIGHT (LBS.)
			MO.	DAY	YEAR						
3. RESIDENCE ADDRESS (Street, City, State, Zip)						3a. How long at this address?					
						<div style="display: flex; justify-content: space-between;"> <span>_____ Years</span> <span>_____ Months</span> </div> If less than 2 years, provide previous address.					
3b. MAILING ADDRESS (If other than residence)											
4. CONTACT THE PROPOSED INSURED AT:											
<input type="checkbox"/> RESIDENCE _____ (CST) <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> BUSINESS _____ Time				RESIDENCE TELEPHONE NUMBER			BUSINESS TELEPHONE NUMBER				
				Primary Insured ( ) Spouse ( ) Cell Phone ( )			Primary Insured ( ) Spouse ( ) Cell Phone ( )				
5. Has anyone proposed for insurance ever smoked cigarettes, cigars, pipes, or used tobacco in any form, including smokeless tobacco, nicotine patch, gum or other substitutes?											
5a. <b>Primary Insured:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', provide: Type of product(s) used _____ Amount Used: _____ How often: Daily _____ Weekly _____ Monthly _____ Date of last use mm/yy _____											
5b. <b>Additional Insured Rider/Spouse:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', provide: Type of product(s) used _____ Amount Used: _____ How often: Daily _____ Weekly _____ Monthly _____ Date of last use mm/yy _____											
6. AMOUNT		PLAN OF PRIMARY POLICY				Agent Use Only		Type of Underwriting			
\$						A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		<input type="checkbox"/> Traditional <input type="checkbox"/> X-Press			
7. For UL/VUL: (check if applicable)						<input type="checkbox"/> Automatic Premium Loan (Whole Life Only)		Enhanced Corridor Percentage SVUL <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Option I <input type="checkbox"/> Option II <input type="checkbox"/> Rebalance <input type="checkbox"/> Minimum Premium <input type="checkbox"/> Target Premium											
8. RIDERS											
<input type="checkbox"/> Waiver of Premium/Waiver of Charges <input type="checkbox"/> Flexible Disability \$ _____ <input type="checkbox"/> Living Needs Rider <input type="checkbox"/> IPGR <input type="checkbox"/> Waiver of Surrender Charge Option			<input type="checkbox"/> Accidental Death Benefit \$ _____ <input type="checkbox"/> Children's Insurance Rider _____ Units <input type="checkbox"/> Guaranteed Insurability _____ Units <input type="checkbox"/> Estate Preservation Rider <input type="checkbox"/> Guaranteed Death Benefit to Maturity Rider			Individual Life Rider First <input type="checkbox"/> Amount \$ _____ Second <input type="checkbox"/> Amount \$ _____ <input type="checkbox"/> Pro Term Rider <input type="checkbox"/> NLG-Option Period to Age _____ <input type="checkbox"/> Other Rider (Plan) _____ (Amount) _____					

For Military Personnel (Including National Guard and Reserves )		
21. PERMANENT HOME OF RECORD (Street, City, State, Zip)		22. MILITARY ADDRESS
23. JOB DUTIES	24. Are you currently drawing extra duty or hazard pay? <input type="checkbox"/> YES <input type="checkbox"/> NO	
25. MILITARY INFORMATION <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> Other (Specify) _____ Pay Grade _____ Rotation Date _____ Expected Discharge Date _____		
26. Has the Proposed Insured been a member of a special forces, special or hazardous duty organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide specific details.		
27. Has the Proposed Insured been alerted to, volunteered for, or received formal orders to a hazardous area or overseas assignment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide specific details.		

Must be completed for all proposed insureds, including CIR.

Must be completed for all proposed insureds, including CIR, not subject to Tele-Underwriting or a Paramed exam.

28. Has any person proposed for insurance:

- (a) In the past 10 years used barbiturates, hallucinatory drugs, narcotics including cocaine, crack, ecstasy, opium derivatives, marijuana, LSD, PCP, or any derivatives of these drugs, or been advised by a medical professional to get, or undergone any treatment, counseling or hospitalization for drug abuse? . . . ☐ ☐
- (b) In the past 10 years been advised by a medical professional to get, or undergone any treatment, counseling or hospitalization for alcoholism, excessive alcohol use or abuse? Or, drink on average more than 3 alcoholic drinks per day? . . . . . ☐ ☐
- (c) Had any motor vehicle moving violations or accidents or been arrested for driving under the influence of alcohol or drugs within the last five years? . . ☐ ☐
- (d) In the past 10 years been convicted of any criminal activity, or been held or served time in any type of incarceration, jail, penitentiary, prison, probation, or parole program? Or, have any criminal charges pending against them at this time? ☐ ☐
- (e) Flown a plane in the past 24 months or plan to fly in the next 12 months as a pilot, copilot, student pilot, military pilot, engineer or in any other capacity except as a regularly scheduled commercial airline pilot or fare-paying passenger? If yes, complete Aviation Questionnaire . . . . . ☐ ☐
- (f) Any past, present or expected activity in racing, scuba or sky diving, or any other hazardous sport or hobby? (If yes, complete Hazardous Activities Questionnaire.) . . . . . ☐ ☐
- (g) In the past 10 years been refused for life insurance or charged an extra premium for life insurance? . . . . . ☐ ☐
- (h) Traveled to or resided for more than 30 days outside of the U.S., U.S. territories, Canada, or Japan within the past 12 months or plan to travel to or reside outside of the U.S., U.S. territories, Canada, or Japan in the next 12 months? If yes, complete the Foreign Travel and Residence Questionnaire . . . . . ☐ ☐
- (i) Have any bankruptcy pending or expect to file bankruptcy in the next 12 months? . . . . . ☐ ☐

29. Within the last ten years, has any person proposed for insurance ever had or been treated by a medical professional for:

- (a) Chest pain, heart murmur, stroke, high blood pressure, or any other disease of the heart, blood, or blood vessels? . . . . . ☐ ☐
- (b) Peptic ulcer, indigestion, or any other disease of the stomach, intestines, gall bladder or liver? . . . . . ☐ ☐
- (c) Emphysema, bronchitis, asthma, pleurisy, or any other disease of the chest or lungs? . . . . . ☐ ☐
- (d) Kidney stone, diabetes; albumin, pus, blood or sugar in urine; venereal disease, or any other disease of the kidneys, bladder or reproductive organs? ☐ ☐
- (e) An immune deficiency disorder [Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC)] or been told test results indicate exposure to the AIDS virus? . . . . . ☐ ☐
- (f) Severe headaches, fainting spells, epilepsy, paralysis, nervousness, mental disorder, or any other disease of the brain or nervous system? . . . . . ☐ ☐
- (g) Cancer, tumor, or any other illness or injury not mentioned above? . . . . . ☐ ☐

30. Other than indicated above, has any person proposed for insurance:

- (a) Been hospitalized in the past 5 years? . . . . . ☐ ☐
- (b) Consulted a physician during the past 5 years? ☐ ☐
- (c) Had a change of weight in the past year? . . . . . ☐ ☐
- (d) Had a parent or a brother or sister who before age 60 was diagnosed with or died from cardiovascular disease, stroke, cancer (except basal or squamous cell cancer of the skin), Huntington's Chorea, familial polyposis, or polycystic kidney disease? If yes, provide age at onset and current age if living. If deceased, age at death. ☐ ☐

31. Is any person proposed for insurance now under observation, taking treatment or medication, or been advised to have any tests, hospitalization, or surgery which has not been completed? . . . . . ☐ ☐

32. Is any person proposed for insurance currently receiving or have an application pending for any illness or disability benefits or compensation? . . . . . ☐ ☐

Yes No

Details of questions answered "yes" in Section 28 through 33. Include question number, full names and addresses of physicians and names of individuals to whom history pertains.

Must be completed for all proposed insureds, including CIR.

33. Are medical records under any other name (maiden name, etc.)? ☐ Yes ☐ No

If yes, please indicate full name.

Name and Address of Primary Physician and Facility Name (if not specified above, date last consulted)

Telephone Number of Primary Physician

( )

IT IS DECLARED that statements and answers in this application, including statements by the Proposed Insured(s) in any medical questionnaire or supplement that become part of this application, are complete and true to the best knowledge and belief of the undersigned. IT IS AGREED THAT: (1) any waiver or modification of this application will not be effective unless in writing and signed by the President, or the Secretary; (2) **no insurance shall be in effect under this application (except as may be provided in the receipt bearing the same date as this application) unless and until the application has been approved and accepted by the Company at its Executive Office and the policy is delivered to and accepted by the Owner and the full first premium has been paid while each person proposed for insurance is alive and while the state of health and other conditions affecting insurability are as stated in this application and any required examination and additional information. (If a List Billing Authorization or Government Allotment is indicated in section 9 and has actually been signed and delivered for the correct amount, this shall be considered the same as payment of the full first premium);** (3) the acceptance of any policy issued on this application shall constitute a ratification of any correction or amendment made by the Company. No change in amount, classification, plan of insurance, or benefits shall be effective unless agreed to in writing by the applicant. I FURTHER AGREE to immediately advise the Company of any change to any of the responses contained in the application, including any change in the health or habits of any Proposed Insured(s), that arises or is discovered after completing this application, but before the Policy is effective, as defined herein.

I also acknowledge receipt of Fair Credit Reporting Act and Medical Information Bureau Notifications.

**TAX PAYER IDENTIFICATION NUMBER CERTIFICATION** - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: (a) ☐ I am exempt from backup withholding, or (b) ☐ I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) ☐ the IRS has notified me that I am no longer subject to backup withholding. **(Please check appropriate response.)**

**FINANCIAL INSTITUTION DISCLOSURE** - Insurance products and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association, and involve investment risk, including possible loss of value. The approval or disapproval of any extension of credit by the bank or an affiliate is not based on whether or not this insurance is purchased through the bank or through any particular source.

**AUTHORIZATION:** To determine eligibility for insurance, I authorize any physician, medical practitioner, health care professional, hospital, clinic, or other medical-related facility, laboratory, pharmacy or pharmacy benefit manager, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, insurance support organization, independent administrator, or other organization, institution, or person, or employer having information available as to diagnosis, prescription history, medications prescribed, treatment and prognosis with respect to information regarding alcoholism, drug abuse, and psychiatric care or any physical or mental condition and/or treatment of me or my minor children and any other nonmedical information of me or my minor children to give to Midland National Life Insurance Company (the Company) or its legal representative, any and all such information. I also authorize the Company to conduct a personal telephone interview in connection with my application; and to release any such data to its reinsurers, the Medical Information Bureau, or other persons or organizations performing business or legal services in connection with my application, or as required by law when given a copy of this authorization. I understand that I may request to be interviewed in connection with the preparation of an investigative consumer report. I understand that I am entitled to receive a copy of the investigative consumer report upon request. This authorization is valid for 30 months from the date signed. I may revoke this authorization for information not then obtained by notifying the Company in writing. Such revocation will not be effective until received by the Company. I understand that I or any authorized representative will receive a copy of this authorization upon request.

**FRAUD WARNING - AR, LA, NM, and OH Residents:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**CO Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a contractholder or claimant for the purpose of defrauding or attempting to defraud the contractholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DC and TN Residents:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**PA Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

**VA Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

SIGNED AT (City, State)				DATE	
SIGNATURE OF PROPOSED INSURED if 15 YEARS OR OLDER			SIGNATURE OF PROPOSED ADDITIONAL INSURED/SPOUSE		
X			X		
SIGNATURE OF OWNER, (If other than Proposed Insured)			SPOUSE SIGNATURE, IF BENEFICIARY IS OTHER THAN SPOUSE AND COMMUNITY PROPERTY LAWS APPLY		
Soliciting Agent: Does the applicant(s) have any existing life insurance or annuities? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is any insurance applied for in this application intended to replace any life insurance or annuity now in force? . <input type="checkbox"/> Yes <input type="checkbox"/> No					
If a replacement is involved, submit a copy of this application and applicable Replacement Notice to the existing insurer.					
SIGNATURE OF SOLICITING AGENT		PRINT AGENT'S LAST NAME		CODE NO.	TELEPHONE NUMBER ( )
X					CELL PHONE NUMBER ( )
OTHER AGENT (Please Print)	% CREDIT	CODE NO.	GENERAL AGENT (Please Print)		CODE NO.

**Statement of Variability  
Rider Form TR141**

With the exception of the variables specific to the individual policyholder, the following is a list of bracketed items and the corresponding range of text and/or values.

<b>Bracketed Item</b>	<b>Variable Text/Range</b>
Policy Expense	\$0-\$5 per month for 0-100 Policy Years (varies by Issue Age)
Unit Expense Factor	\$0 – \$5.50 per month for 0-100 Policy Years (varies by Sex, Premium Class, Specified Amount, and Issue Age)
Account Premium Load	0%-40% (varies by Cumulative Premiums paid by policyholder and Policy Year)
Account Interest Rate	<p><b><u>Table I</u></b> 3.00% - 5.50% for Policy Years 1-10 3.00% - 5.50% for Policy Years 11+</p> <p><b><u>Table II</u></b> 3.00% - 5.50% for Policy Years 1-10 3.00% - 5.50% for Policy Years 11+</p>
Guaranteed Monthly Account Premium Rates	<p><b><u>Table A</u></b> 0.02 – 20.00 (varies by Sex, Premium Class, Issue Age, Specified Amount, and Policy Year)</p> <p><b><u>Table B</u></b> 0.02 – 40.00 (varies by Sex, Premium Class, Issue Age, Specified Amount, and Policy Year)</p>
Term Rider Required Rider Amounts	<p><b><u>Required Rider Amounts</u></b> 0.05 – 50.00 (varies by Sex, Premium Class, Issue Age, Specified Amount, and Policy Year of Rider)</p>